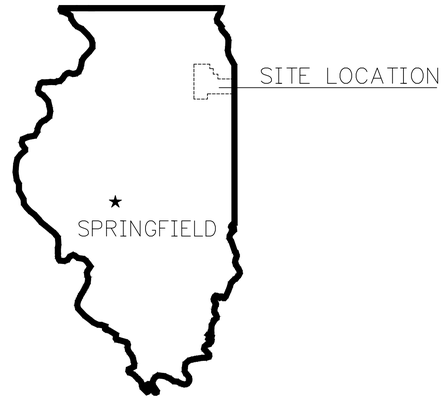
CDB – PROJECT NUMBER ___-___-___

(PROJECT NAME)
(INSTITUTION NAME)
(CITY, COUNTY ILLINOIS)
CDB BUILDING INVENTORY NO. – (LIST AS REQUIRED)



STATE LOCATION PLAN

INDEX OF DRAWINGS

G–1 TITLE SHEET AND LOCATION PLANS
(REMAINING DRAWINGS–LIST IN ORDER)

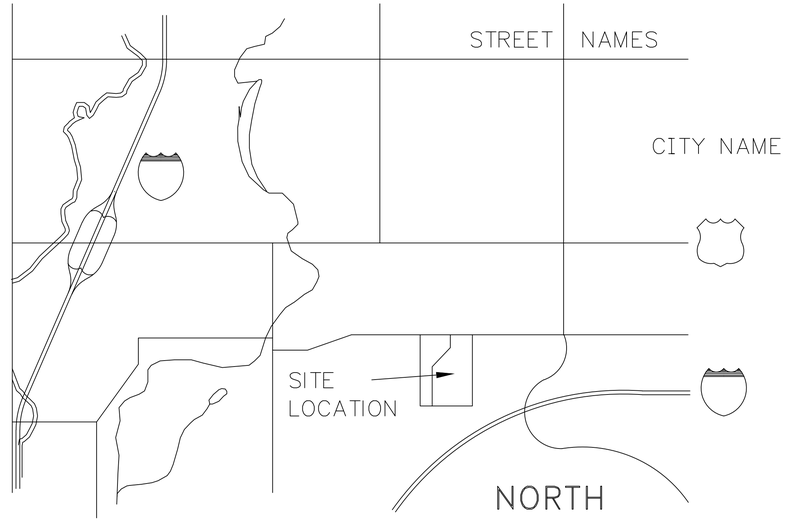
FOR:
STATE OF ILLINOIS
CAPITAL DEVELOPMENT BOARD

SAMPLE COVER SHEET WITH STANDARD TITLE BLOCK

USING AGENCY:
(NAME OF AGENCY)

BY:
(A/E NAME)
(ADDRESS)
(CITY, ZIP)
(PHONE)

(LIST CONSULTANTS, ADDRESSES, PHONE NO'S)



AREA LOCATION PLAN

NOTE: CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT JOB SITE AND BE FULLY RESPONSIBLE FOR SAME.

REVISIONS										
NO.	DATE	REMARKS	DRAWN	PREPARED OFF.	SEAL	CONSULTANTS NAMES AND ADDRESSES	ARCHITECT ENGINEER AND ADDRESS	CAPITAL Development BOARD Building a Better Illinois	State of Illinois Bruce Rauner, Governor **Illinois Capital Development Board**	SHEET TITLE
			TRACED	APPROVED						TITLE AGENCY
			CHECKED	APPROVED						LOCATION

PROJECT NO. 000–000–000
DATE
SHEET NO. G-1
OF ( ) SHEETS